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| <b>SERIAL NUMBER</b><br>09/955,470 | <b>FILING OR 371(c) DATE</b><br>09/18/2001<br><b>RULE</b> | <b>CLASS</b><br>378 | <b>GROUP ART UNIT</b><br>2882 | <b>ATTORNEY DOCKET NO.</b><br>SCHWP0147US |
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\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

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IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 10/26/2001

|  |                                    |                            |                           |                                |
|--|------------------------------------|----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input type="checkbox"/> no   | <b>STATE OR COUNTRY</b><br>GERMANY | <b>SHEETS DRAWING</b><br>6 | <b>TOTAL CLAIMS</b><br>20 | <b>INDEPENDENT CLAIMS</b><br>2 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                                    |                            |                           |                                |
| Verified and Acknowledged  | Examiner's Signature               | Initials                   |                           |                                |

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**TITLE**

METHOD AND DEVICE FOR ACCURATELY POSITIONING A PATIENT IN RADIOTHERAPY AND/OR  
 RADIOSURGERY

|                                    |   |  |
|------------------------------------|---|--|
| <b>FILING FEE RECEIVED</b><br>1177 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
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